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2010-134-14 223 AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC []CLEC []ILEC [X]Wireless

| | | CERTIFICATED C | OMPANY INF | ORMATION | Posted: Cod | |
|--------------|--|----------------------------------|--------------------|--|---------------------------------------|--|
| | SafeLink Wireless, Inc | | | —————————————————————————————————————— | Devi: SA | |
| Company Name | | | | FEIN/SSN | Date: 4/14/10 | |
| | | | | (305) 640-2 | 000 Time: 10.45 | |
| Dba/fl | | | | Telephone # | from the second of 19 and | |
| | 9700 N.W. 11 | 2 th Avenue | | | | |
| Mailir | ng Address | | | SE \$ 6 | | |
| | Miami, Florida | <u> 33178</u> | | | | |
| City, S | State, Zip Code | | | | 一次 5 岁 | |
| | Same as abov | ve | | | - <u>700 12 A</u> | |
| Busine | ess Location | | | | | |
| <u></u> | Same as abov | ve | | | H 9 | |
| City, S | State, Zip Code | | | County | | |
| | | REGISTERED A | AGENT INFOR | RMATION | | |
| Regist | tered Agent: | Corporate Creations N | Network Inc. | | | |
| Mailia | a Addroop | 6650 Divore Avenue | | | | |
| Mailli | g Address: | 6650 Rivers Avenue | | | s | |
| City, S | State, Zip Code: | North Charleston, Sou | th Carolina 29 | 9406 | <u>,</u> | |
| | | | | | | |
| <u> </u> | Pursuant to the Commiss | sion's rules and regulatio | ns, print or typ | e company conta | ct for the following areas: | |
| A. | Javier Rosado | Same as above | | | | |
| Λ. | | e address if different than abo | ve.) | | , | |
| | (305) 715- 6575 | / (305)715-6940 | 1 | JRosado@trac | cfone.com | |
| | Telephone Number | Facsimile Number | • | E-mail Address | TR TO | |
| B. | Kim Filardi | Same as above | | | | |
| _, | | nplaints Representative (Inc | clude address if d | lifferent than above.) | APR 1 4 2010 | |
| | (305)715-6735 | 1 | / KFi | lardi@tracfone.com | 18-17-SC | |
| | Telephone Number | Facsimile Number | | E-mail Address | GLERK'S OFFICE | |
| C1. | Maria Montenegro | Same as above | | | | |
| | | plaints Representative for E | scalated Comp | laints (Include ad | dress if different than above.) | |
| | (305)715-3690 | / (305)7 | 15-3738 | / MMontenegro(| @tracfone.com | |
| | Telephone Number | Facsimile Number | | E-mail Address | | |
| C2. | 1-800-378-1684 | | | | | |
| 02. | Customer Contact (Toll F | ree Number) | | | 1 | |
| D. | Sergio Rivera | Same as above | | | | |
| D. | | (Include address if different th | ian above.) | | , , , , , , , , , , , , , , , , , , , | |
| | (305) 715-6638 | 1 | 1 | SRivera@tracf | one com | |
| | Telephone Number | Facsimile Number | E | E-mail Address | VIIVIVIII | |
| _ | | | | | | |
| E. | T-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | address if different than abov | | | | |

| | 1-800-820-8632 / | 1 | | | | | | | |
|----------|--|---|-----------|---|----------------|--|--|--|--|
| | Telephone Number | Facsimile Number | | E-mail Address | <u>_</u> | | | | |
| F. | 1-800-820-8632 | | | | | | | | |
| | Emergencies (During non- | office hours) | | | | | | | |
| | | 1 | 1 | | | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | | |
| in add | dition, please provide the follo | wing company contact infor | mation | to assist in proper routing of correspondence | e and invoice | | | | |
| | | | illation. | to account proper routing or correspondent | o una mirolos. | | | | |
| G. | <u>Leighton W. Lang</u> Regulatory Officer (Incl | Same as above ude address if different than at | 201/0 } | | | | | | |
| | • | | ,000 | | | | | | |
| | (305)640-2014 Telephone Number | / (305)715-3738 Facsimile Number | | LLang@tracfone.com E-mail Address | | | | | |
| . | relephone (value) | i acomine number | | E-Mail Address | | | | | |
| Н. | Dual Party Mailings (Nam | Dual Party Mailings (Name) | | | | | | | |
| | | | | | | | | | |
| | Mailing Address | | | | | | | | |
| | Talankanaktanak | | | | | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | | |
| | Chesley Dillon Interim LEC Fund Mailings | (Nama) | | | | | | | |
| | _ | (Name) | | | | | | | |
| | Same as above | | | | | | | | |
| | Mailing Address (305)715-3733 | / (305) 418-2612 | , | CDillion@tracfone.com | | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | | |
| ı | • | · wooning running | | 2 man / tadroos | | | | | |
| J. | Chesley Dillion Universal Service Fund Mailings (Name) | | | | | | | | |
| | Same as above | 3 | | | | | | | |
| | Mailing Address | | | | | | | | |
| | | / (305) 418-2612 | 1 | CDillion@tracfone.com | | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | | |
| <. | Chesley Dillion | | | | | | | | |
| | Gross Receipts Mailings (Name) | | | | | | | | |
| | Same as above | | | | | | | | |
| | Mailing Address | | | | | | | | |
| | (305)715-3733 Telephone Number | / (305) 418-2612 | | CDillion@tracfone.com | | | | | |
| | releptione Number | Facsimile Number | | E-mail Address | | | | | |
| | Javier Rosado | | | | | | | | |
| | Lifeline Mailings (Name) | | | | | | | | |
| | Same as above | | | | | | | | |
| | Mailing Address | | | | | | | | |
| | (305) 715- 6575 Telephone Number | / (305)715-6940 Facsimile Number | | JRosado@tracfone.com | | | | | |
| | releptione Number | racsimile number | , | E-mail Address | \wedge | | | | |
| | | | | o of the od of | () | | | | |
| | Cynthia A. Jacobs. | | | I WHO I | as L | | | | |
| | This form was completed by | (print name) | |) Signature | | | | | |
| | SVP-Legal | | | April 9, 2010 | / | | | | |
| | Title | | | Date | | | | | |
| | RETURN COMPLETED FOR | RM 10: | | | | | | | |
| | | ommission of SC | | Office of Regulatory Staff | | | | | |
| | Docketing Department | | | Attn: Jeanne Gordon | | | | | |

Post Office Drawer 11649 Columbia, South Carolina 29211

1401 Main Street, Suite 900 Columbia, South Carolina 29201